

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Alliance Health at Baldwinville		STREET ADDRESS, CITY, STATE, ZIP CODE 51 Hospital Road Baldwinville, MA 01436	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50563</p> <p>Based on observation, interview, and record review, the facility failed to adhere to infection control standards to prevent the transmission of communicable diseases and infections within the facility on one unit (Unit One) out of a total of two units affecting two Residents (Residents #3 and #6).</p> <p>Specifically, the facility failed to ensure that Personal Protective Equipment (PPE) used to touch surfaces in a resident's environment who had an active COVID-19 (a highly contagious respiratory disease) infection was changed in accordance with professional standards of practice prior to touching surfaces in another resident's environment who was not infected or was recently recovered with COVID-19 placing the non-infected resident at increased risk of contracting COVID-19 infection.</p> <p>Findings include:</p> <p>Review of the undated facility policy titled Transmission Based Precautions indicated the following:</p> <p>-When cohorting (placing residents who have the same infection in a room together) is not achievable, it is very important to consider . the roommate is a high risk for becoming infected</p> <p>Review of the facility policy titled Transmission Based Precautions, dated 8/8/23, indicated the following:</p> <p>-For some diseases that have multiple routes of transmission (e.g. SARS-CoV-2 [the virus that causes COVID-19]) more than one transmission-based precaution category may be used.</p> <p>-This will be determined by guidance from regulatory agencies such as CDC [Center for Disease Control and Prevention], DPH [Department of Public Health] and CMS [Centers for Medicare and Medicaid Services].</p> <p>Review of the CDC guidance titled Infection Control Guidance: SARS-CoV-2, dated 6/24/24, indicated the following:</p> <p>-HCP [healthcare providers] who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to standard precautions and use a NIOSH approved particulate respirator with N95 filters or higher [a mask that provides protection from small particles or viruses in the air], gown, gloves, and eye protection</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the DPH Memorandum to Long-Term Care Facilities titled Update to Infection Prevention and Control Considerations When Caring for Long-Term Care Residents, including Visitation Conditions, Communal Dining, and Congregate Activities, dated 5/10/23, indicated the following:</p> <ul style="list-style-type: none"> -Appendix A: Personal Protective Equipment Used When Providing Care to Resident's in Long Term Care <p>>COVID-19 Positive Residents Recommended Staff PPE: -Full PPE upon entering room to include .gown and gloves if there is any contact with potentially infectious material.</p> <ul style="list-style-type: none"> -Gown and gloves must be changed between residents. <p>Resident #3 was admitted to the facility in September 2023, with diagnoses including Type 2 Diabetes ((long-term condition where the pancreas is unable to produce enough insulin to regulate blood glucose [sugar] levels resulting in higher than normal blood sugar levels) and Chronic Kidney Disease, Stage 3 (mild to moderate loss of function in the kidneys causing impairment to the body's ability to remove waste and extra fluid from the blood).</p> <p>Review of Resident #3's medical record indicated the Resident tested positive for COVID-19 on 10/8/24.</p> <p>Review of Resident #3's October 2024 Activities of Daily Living (ADL: tasks required to care for oneself daily including transferring in and out of bed, eating, grooming, using the toilet, etc.) flow sheet indicated:</p> <ul style="list-style-type: none"> -the Resident required set-up or clean-up assistance for eating. <p>Review of Resident #3's Physician orders indicated the following:</p> <ul style="list-style-type: none"> -an order to maintain Isolation Precautions (measures used to reduce transmission of microorganisms in healthcare and residential settings), initiated 10/8/24 with no stop date <p>Resident #6 was admitted to the facility in January 2022, with diagnoses including Neoplasm (tumor or abnormal growth of cells) of the Brain and Cellulitis (potentially serious bacterial infection that affects the deep layers of the skin and underlying tissues of the skin) of the Left Lower Limb.</p> <p>Review of Resident #6's vaccination history indicated no vaccination for COVID-19 had been received.</p> <p>Review of Resident #6's medical record indicated he/she had not tested positive for COVID-19 during the Unit One outbreak period of 9/27/24 through 10/16/24 or the preceding 30 days.</p> <p>Review of Resident #6's medical record indicated that he/she was at risk for respiratory distress related to Congestive Heart Failure (CHF- caused when the heart is unable to pump blood effectively resulting in fluid build-up in the lungs, arms, feet and other organs).</p> <p>Review of Resident #6's October 2024 ADL flow sheet indicated:</p> <ul style="list-style-type: none"> -the Resident was independent for eating <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Isolation Droplet/Contact Precautions sign hanging outside Resident #3 and #6's room indicated the following:</p> <p>-In addition to Standard Precautions (infection prevention measures that apply to all resident care, regardless of suspected or confirmed infection status) staff and Providers must:</p> <p>>gown: change between each resident</p> <p>>gloves: change between each resident</p> <p>During a meal tray pass on 10/16/24 at 12:34 P.M., the surveyor observed CNA #1 wearing an N95 mask, gown, gloves and goggles enter the room of Resident #3 and Resident #6. CNA #1 was observed to be handed the meal tray for Resident #3 and proceeded to set up the meal tray for Resident #3. CNA #1 returned to the room doorway and was handed the meal tray for Resident #6 and then proceeded to set up the meal tray for Resident #6 including touching cups and dishes as she removed the dish and cup covers and the plate warmer without removing or changing the gown and gloves used to set up and touch items on Resident #3's meal tray.</p> <p>During an interview on 10/16/24 at 12:38 P.M., CNA #1 said that Resident #3 was positive for COVID-19 and Resident #6 was negative for COVID-19. CNA #1 said she had set up Resident #3's tray touching Resident #3's overbed table while wearing the gown and gloves and then using the same gown and gloves to set up Resident #6's tray and should not have. CNA #1 further said she should have set up Resident #6's meal tray first and then set up Resident #3's meal tray to prevent the potential cross-contamination.</p> <p>During an interview on 10/16/24 at 2:05 P.M., the Director of Nursing (DON) said the expectation for meal tray pass in a room with one resident who has COVID-19 and one who is negative for COVID-19 would be that the staff member would put on the required PPE, serve the negative resident first and then serve the positive resident. The surveyor reviewed the observation of CNA #1 with the DON and the DON said CNA #1 should not have served Resident #3 and then Resident #6 due to the potential for cross-contamination.</p>		